


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER <u>046-032</u>	2. PERIOD COVERED MO DAY YEAR From <u>01</u> <u>01</u> <u>2000</u> Through <u>12</u> <u>31</u> <u>2000</u>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.				8. MAILING ADDRESS (Type or print in capital letters.) First Name <u>Joyce</u> Last Name <u>Yurvati</u> P.O. Box • Building and Room Number (if any) _____ Number and Street <u>541 Park St.</u> City <u>Allentown,</u> State <u>Pa.</u> ZIP Code + 4 <u>18102-2939</u>
4. AFFILIATION OR ORGANIZATION NAME		6. DESIGNATION NUMBER		
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER		
7. UNIT NAME (if any)		9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)				
Item Number #14 An Audit was Performed By An International Representative in 2001 #28 Dividends From Mutual Funds in the Amount of \$796.00 were Credited To The Account Along With a Loss of \$42.00				
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
57. SIGNED: <u>Sharon L. Azar</u> <u>3 '26 '01</u> <u>610 434-3795</u> Date Telephone Number		PRESIDENT (If other title, see instructions.)		58. SIGNED: <u>Joyce J. Yurvati</u> <u>3-24-01</u> <u>610 433-4565</u> Date Telephone Number
		TREASURER (If other title, see instructions.)		

During the Reporting Period Did Your Organization:

- | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
<i>(Answer "Yes" even if there has been repayment or recovery.)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 167

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 600,000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No
☐ ☒
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

22. What is the date of your organization's next regular election of officers? MO YEAR
11 2002

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>14.75-17.06</u> per <u>MO.</u> <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ <u>17.00</u>
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ <small>(Month, Year, etc.)</small>

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: —

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
<div style="display: flex; justify-content: space-between;"> Last Name First Name </div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> Title Status </div>	1.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
<div style="display: flex; justify-content: space-between;"> Last Name First Name </div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> Title Status </div>	2.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
<div style="display: flex; justify-content: space-between;"> Last Name First Name </div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> Title Status </div>	3.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
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8. Totals from additional pages (if any)		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
9. Totals of Lines 1 through 8		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
			10. Less Deductions	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
Enter the Total from Line 11 in Item 45 ⇨			11. Net Disbursements	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: —

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	25,579.00	28,850.	32. Accounts Payable		
	26. Loans Receivable			33. Loans Payable		
	27. U.S. Treasury Securities			34. Mortgages Payable		
	28. Investments	\$12,727.	13,481.	35. Other Liabilities		
	29. Fixed Assets			36. TOTAL LIABILITIES		
	30. Other Assets					
	31. TOTAL ASSETS	38,306.	42,331.	37. NET ASSETS (Item 31 less Item 36)	38,306.	42,331.

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	27,084.	45. To Officers (from Item 24)	1,036.
	39. Per Capita Tax		46. To Employees (less deductions)	
	40. Fees, Fines, Assessments & Work Permits	357.	47. Per Capita Tax	16,212.
	41. Interest & Dividends		48. Office & Administrative Expense	617.
	42. Sale of Investments & Fixed Assets		49. Professional Fees	6,180.
	43. Other Receipts		50. Benefits	
	44. TOTAL RECEIPTS	27,441.	51. Contributions, Gifts & Grants	125.
<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>			52. Purchase of Investments & Fixed Assets	
			53. Loans Made	
			54. Other Disbursements	
			55. TOTAL DISBURSEMENTS	24,170.

ORGANIZATION NAME: Hotel Empl. Restaurant Empl. Local #391

ENDING DATE OF PERIOD COVERED: 1-1-2000/12-31-2000

FILE NUMBER: -

PAGE OF ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name <u>AZAR</u> First Name <u>SHARON</u> Title <u>PRESIDENT</u> Status <u>C</u>			<u>34.00</u>	<u>34.00</u>
Last Name <u>ZAHORCHAK</u> First Name <u>MERRILIE</u> Title <u>V.P.</u> Status <u>C</u>			<u>34.00</u>	<u>34.00</u>
Last Name <u>YURICK</u> First Name <u>DAWN</u> Title <u>REC./SEC.</u> Status <u>C</u>			<u>34.00</u>	<u>34.00</u>
Last Name <u>YURVATI</u> First Name <u>JOYCE</u> Title <u></u> Status <u>C</u>			<u>934.00</u>	<u>934.00</u>
Last Name <u></u> First Name <u></u> Title <u></u> Status <u></u>				
Last Name <u></u> First Name <u></u> Title <u></u> Status <u></u>				
Last Name <u></u> First Name <u></u> Title <u></u> Status <u></u>				
Last Name <u></u> First Name <u></u> Title <u></u> Status <u></u>				
Totals				

ORGANIZATION NAME:

FILE NUMBER:

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)			
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Totals				